

## North Carolina Bedding Manufacturer License – New Application

Sleep Products Section
Structural Pest Control & Pesticides Division
North Carolina Department of Agriculture & Consumer Services
Phone: 919-733-3556 FAX 919-715-9023

Phone: 919-733-3556 FAX 919-715-9023 http://www.ncagr.gov/SPCAP/sleep/

NC General Statues, Chapter 106 Article 4H Bedding 02 NCAC Chapter 61 Sanitation of Bedding

			02 NC	AC Chapter	61 Sani	tation of Bedding			
Applyir	ng for Year:								
	acturer's Name:								
Facility Location include Street Address						Country:			
(Facility	y) City, State, Zip Code	9							
Tax Ide	entification Number: If o	outside the US.	list the number	assigned by the	he countr	y where the factory is lo	cated	Registration Number	
Contac	t Person (Name)								
					•				
(Preferred mailing address)						one Number:			
						Fax Number:			
					Em				
Sleep Pr car seats	oducts Section, NCDA and similar products.	&CS regulates New applicant	bedding productions bedding by a feet	cts, including co e for a license t	omforters	s, cushions, decorative pete the current year. The	oillows, pads, sofa e amount of the fee	s, dual-purpose infant	
	g to the business's sta				to compi	no the current year. The	amount of the for	o lo proratou	
Noto: D	agulated item(s) foun	d offered for s	sala in North Co	rolina hy an i	unlicons	ed operation, will pay a	s foo of \$720 00 r	ogardless of start	
date.	egulated Itelli(s) louil	u onereu ioi s	sale III NOI (III Ca	ii Oiii ia by air t	umcens	eu operation, win pay a	a lee 01 \$720.00 l	egardiess of start	
Plaaca r	olace an Y on the appro	onriata lina hala	w Write the ch	ack for that am	ount and	I make payable to Sleep	Products NCDA	CS. The check must	
oe writte	n on a US bank or US	affiliate bank ir	n US dollars.	CCK IUI IIIAI AIII	iount and	i make payable to Sleep	Floducis, NODA	55. The check must	
	₄ st	Outsides		aalla Mawala		<b>Φ70</b> 0			
	2 <sup>no</sup>	Quarter Quarter	January through			\$720 \$540	).00 ).00		
		Quarter		September		\$360 \$360	0.00		
		Quarter		ough Decemb			0.00		
This a	application is for a ma	anufacturer oi	nlv and must be	e sianed bv aı	n officer	of the manufacturer w	ith a legal authoi	rity to represent the	
comp	any.						_		
	in s	signing this a	application, I	am veritying	j tnat ai	l information is accu	irate and comp	nete.	
	Signature of Manufacturer's Officer				Name Printed		<del></del>		
Title:					Date:				
The a	application will not be	e processed i	without the foll	owing items.	Please	check the boxes as ye	ou include the it	ems for mailing.	
П		•		· ·		•		•	
Н	Actual Law Label Copy of the current license from the state that issued the registration number								
_	If you do not have a registration number complete form 1A in this package.								
Check made payable to: Sleep Products Section, NCDACS. (written on a US bank or US affiliate bank in US dollars).								).	
\$25.00 service charge will be charged for any returned checks.									
Mailing Address:									
	Sleep Products Section Sleep Products Section								
NCDA&CS, Structural Pest Control & Pesticides Division NCE						CDA&CS, Structural Pest Control & Pesticides Division			
Raleigh, North Carolina 27699-1631						4110 Reedy Creek Road Raleigh, North Carolina 27607			
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NCDA	Office Use Only	]							
Ck#:		Date:		Amount:		Deposit Date:			